END

\* If the entry in octumn 1 is less than the entry in cotonid? write "O" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For "In the SPACE is less than 20, enter "20".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to life (and by the Installing pathering, preparing, and submitting the completed application form to the USPTO. The will vary depending upon the including and submitted to complete this form and/or supperious for rectaing its limited, should be sent including upon the including and repaired or U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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OR

OR

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.